

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**10/518008**

FILING DATE

APPLICANT(S)

CLAIMS

| AS FILED        | AFTER<br>1ST AMENDMENT |     | AFTER<br>2ND AMENDMENT |     |
|-----------------|------------------------|-----|------------------------|-----|
|                 | IND.                   | DSR | IND.                   | DSR |
| 1               | /                      |     |                        |     |
| 2               | /                      |     |                        |     |
| 3               | /                      |     |                        |     |
| 4               | /                      |     |                        |     |
| 5               | /                      |     |                        |     |
| 6               | /                      |     |                        |     |
| 7               | /                      |     |                        |     |
| 8               | /                      |     |                        |     |
| 9               | /                      |     |                        |     |
| 10              | /                      |     |                        |     |
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| 49              |                        |     |                        |     |
| 50              |                        |     |                        |     |
| TOTAL<br>IND.   |                        |     |                        |     |
| TOTAL<br>DSR    |                        |     |                        |     |
| TOTAL<br>CLAIMS | 10                     |     |                        |     |

| #               | IND. | DSR | IND. | DSR | IND. | DSR |
|-----------------|------|-----|------|-----|------|-----|
| 51              |      |     |      |     |      |     |
| 52              |      |     |      |     |      |     |
| 53              |      |     |      |     |      |     |
| 54              |      |     |      |     |      |     |
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| 95              |      |     |      |     |      |     |
| 96              |      |     |      |     |      |     |
| 97              |      |     |      |     |      |     |
| 98              |      |     |      |     |      |     |
| 99              |      |     |      |     |      |     |
| 100             |      |     |      |     |      |     |
| TOTAL<br>IND.   |      |     |      |     |      |     |
| TOTAL<br>DSR    |      |     |      |     |      |     |
| TOTAL<br>CLAIMS |      |     |      |     |      |     |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS